* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/01)

AU.S.GPO:2001 482-124/ 59197

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

ADDIT, FEE

TOTAL

ADDIT. FEE

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09899817

									O	/	101		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL		
TOTAL CLAIMS			9				Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			ج minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			₩ mi	nus 3 =	* ~			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in c			olumn 2	L	TOTAL	· 	OR	TOTAL	262	
CLAIMS AS AMENDED - PART II								1017.12	<u> </u>	10.1	OTHER	THAN	
		(Column 1)	(Column 2) (Colum			(Column 3)		SMALL ENTITY			SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> -</u>		X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=		
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)											ADDII. I EE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X40=		OR	X80=		
	TINOTTTILOL	INTATION OF IN	DETIF EE DEF	LIADEIA	OLATIVI		¹	+135=		OR	+270=		
							Α[TOTAL ODIT. FEE	- "	OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)	,			_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus [*]	***		<u> </u> =	╽┞	X40=		OR	X80=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		¹ ├	+135=					
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												